

Montgomery County Recreation Department presents a **Free Indoor Soccer class for boys and girls in grades k-2**

Sponsored by Friends of Recreation



The soccer class will focus on improving and teaching soccer skills, supportive drills and controlled scrimmages taught by professional staff from **MD Sports**, a non-profit organization who's mission is to team with parents and educators and use sports as a vehicle for success in life.

Class cost is free. Participants must pre-register for their location with MCRD.

Registration is on a first come basis. Space is limited at each site, so register early.

Classes begin Saturday, September 30, 2006.

Class will run 6 weeks.

2 Locations: Gwendolyn Coffield Com. Center (course code #167694)

2450 Lyttonsville Road, Silver Spring, MD 20910

240-777-4900, **10-11:30am**

Long Branch Center (course code #167893)

8700 Piney Branch Road, Silver Spring, MD 20901

301-431-5702, **2-3:30pm**

For additional Information, please contact 240-777-6961.

To register please complete form and mail to: Attention Registrar,
4010 Randolph Road, Silver Spring, MD 20902 or fax to 240-777-6818.



Mission Statement: To support, promote, and provide revenue for specific public recreation programs, projects, facilities, services, and equipment administered by the Montgomery County Department of Recreation.

Montgomery County **RECREATION Registration Form**

☐ Check here if new address/phone/email.
Please print. This form may be duplicated.

PAYER'S: Last Name _____ First Name _____ Email _____

Address _____ City _____ State _____ Zip _____

Home Phone () _____ Work Phone () _____ Cell Phone () _____

PARTICIPANT'S: Address _____ City _____ State _____ Zip _____

(if under 18 years)

Mother's Name _____ Email _____

Home Phone () _____ Work Phone () _____ Cell Phone () _____

Father's Name _____ Email _____

Home Phone () _____ Work Phone () _____ Cell Phone () _____

Participant's Name (last, first)	Birthdate mm/dd/yy	Sex m/f	School Attending	Grade	Activity Name	Course Number	Location	Start Date	Start Time	Fees*

Total Amount Due: **\$ 0.00**

If paying by credit card, you may **fax** your registration form to **240-777-6818**. If you need help completing this form, please call 240-777-6840.

The participant assumes all risks associated with participation in the program; the County assumes no liability for injury or damages arising from participation in the program. Due to the strenuous nature of some activities, the County encourages each participant to consult his or her physician concerning fitness to participate in the program. The participant consents to emergency treatment. The participant also consents to the County's use of any photographs taken or video tapes made of the program. If the participant is a minor, the parent or guardian approves his or her participation in the program. Neither the instructor nor any of the staff are responsible for children prior to or after the scheduled program.

Participant or Parent/Guardian Signature _____ Date _____